

Being well, living well: a sustainability and transformation plan for North West London

EQUALITY ANALYSIS (Equality Impact Assessment screening)

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Date of next review

During the life of the STP programme (2016-2021) equality analyses will be completed for NWL-wide STP initiatives. Where known, dates for each are shown in Section 6. Please note these are works in progress so the dates are subject to change.

Section 1: Introduction

Policy being assessed

North West London Sustainability and Transformation Plan (NWL STP)

This is an overarching plan. It brings together some existing plans which have been previously assessed for their impact.

Senior Responsible Officer for the policy/function and lead person responsible for conducting the equality analysis

Clare Parker; Lead for the North West London Sustainability and Transformation Plan (NWL STP)

This screening has been conducted under the authority of Christian Cubitt, Director of Communication, NHS North West London Collaboration of CCGs.

Scope of the equality screening

The proposals in the STP programme need to pay due regard to the Public Sector Equality Duty (s.149, Equality Act 2010) to: ***‘advance equality of opportunity between those who share a “protected characteristic” and those who do not share that protected characteristic’***. The STP proposals need to be analysed to how they will be advancing this equality aim including the need to:

- *remove or minimise disadvantages experienced by people due to their protected characteristic*
- *ensure that opportunities that reduce the equality gap are identified and built into plans*
- *take steps to meet the needs of people from protected groups where these are different from the needs of other people.*

Approach to the screening

The following equality screening sets out:

- an overall consideration of the effect that the STP proposals will have on equality groups based on each of the five delivery plans.
- at which level equality analyses should be undertaken e.g. London-wide, NWL STP, an area of NWL (e.g. two or three CCGs) or CCG/borough level with an indication of the timescales that these may be completed.

Each NWL-wide initiative will have an identified lead who will:

- work to the principles in the STP communications and engagement plan to ensure direct engagement with the communities most affected by the proposals
- be responsible for ensuring that any required equality assessment is carried out
- consider any HR implications for staff arising from the STP proposals
- ensure that any actions resulting from the equality analysis are implemented

Any equality assessments required of borough and local level initiatives are led by the relevant local programme leads.

Section 2: Description of the Sustainability and Transformation Plan

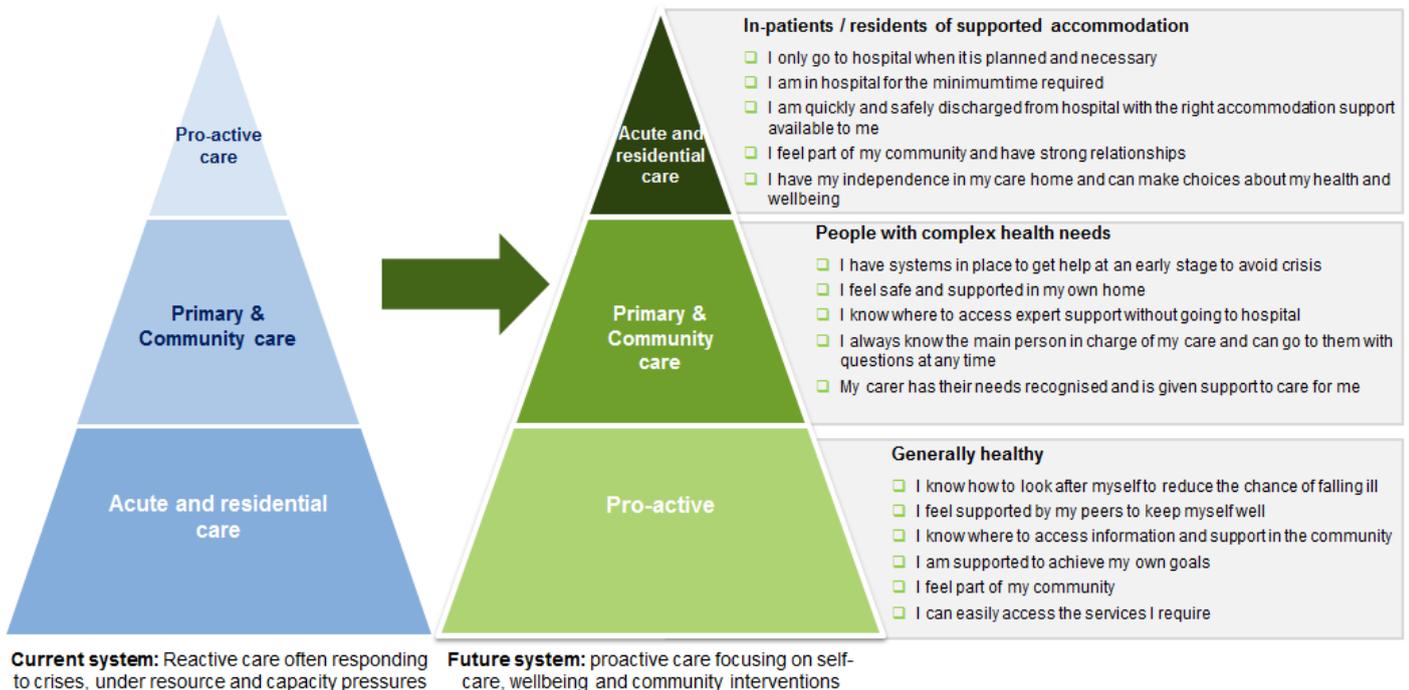
This equality screening considers the potential equality impacts of the proposals set out in the [North West London Sustainability and Transformation Plan](#) (NWL STP) draft submitted to NHS England on 21 October 2016.

The STP is the new national planning framework for NHS services, which supports the delivery of a transformed health service set out in the Five Year Forward View (5YFV). During 2016, 30 organisations across North West London (which covers eight CCGs and eight local authority areas¹) have worked together to develop the STP.

The NWL STP has adopted the following joint vision.

Vision
<p>Everyone living, working and visiting North West (NW) London should have the opportunity to be well and live well – to be able to enjoy being part of our capital city and the cultural and economic benefits it offers.</p> <p>For this to happen, the health service needs to turn the current model, which directs most resources into caring for people when they become ill, on its head. The new model must support patients to stay well and take more control of their own health and wellbeing, as close to home as possible.</p>

Our vision of how the system will change and how patients will experience care by 2020/21



If we are to address the challenges to improve health and well-being, improve care and quality, improve productivity and close the financial gap (the triple aim), we must fundamentally transform our system. In order to achieve our vision we have developed a set of nine priorities which have drawn on local place-based planning, sub-regional strategies and plans and the views of the sub-regional health and local government Strategic Planning Group.

¹ Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea, and Westminster.

Having mapped existing local and NW London activity, we can see that existing planned activity goes a long way towards addressing the triple aim. But we must go further to completely close these gaps. At a NW London level we have agreed five delivery areas that we need to focus on to deliver at scale and pace. The five areas are designed to reflect our vision:

NWL STP priorities

1. Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves
2. Improve children's mental and physical health and well-being
3. Reduce health inequalities and unequal outcomes for the top three killers: cancer, heart diseases and respiratory illness
4. Reduce social isolation
5. Reduce unfair variation in the management of long term conditions – diabetes, cardio vascular disease and respiratory disease
6. Ensure people access the right care in the right place at the right time
7. Improve the overall quality of care for people in their last phase of life, enabling them to die in their place of choice
8. Reduce the gap in life expectancy between adults with serious and long-term mental health needs and the rest of the population
9. Ensure services and experiences are of a high quality every day of the week.

- Delivery area (DA) 1 focuses on improving health and wellbeing, prevention and addressing the wider determinants of health
- DA 2 focuses on preventing the escalation of illnesses through better management of long term conditions
- DA 3 focuses on a better model of care for older people, keeping them out of hospital where appropriate and enabling them to die in the place of their choice
- DA 4 focus on improving outcomes for children and adults with mental health needs
- DA 5 aims to ensure we have safe, high quality, sustainable acute services.

Delivery plans have been developed for each of our workstreams; they are live documents which will continue to be updated as the programme develops.

Section 3: Public health profile for North West London

Public health profile for North West London

The following information is taken from the Shaping a Healthier Future [strategic outline case](#) carried out in December 2016 and various sources including the [London Poverty Profile](#).

Overall

- The total population in NW London has increased from 1,953,500 in 2011/12 to 2,086,000 in 2015/16.7 This figure is forecast to increase by 141,000 (7%) over the period to 2018/19 and will likely increase at a similar rate to 2025/26.
- Only half of the population is physically active, with 13-24% of adults obese
- Over 80% of people want to die at home, but only 22% do so.
- There is a marked variation in the outcomes for patients across NW London, driven by variation in the quality and delivery of services in both primary and secondary care.
- Life expectancy is highest in Kensington and Chelsea and lowest in Hounslow
- Six of the eight boroughs have higher rates of increasing risk alcohol drinkers than the rest of London (although London rates are lower than the rest of the UK). In NW London, there are an estimated 317,000 'increasing risk drinkers' (drinkers over the threshold of 22 units/week for men and 15 units/week for women) with binge drinking and high risk drinking concentrated in centrally located boroughs.
- c.14% of the population smoke

Age

- There is a forecast rise of 13% in the number of people aged over 65 in NW London from 2015 to 2020. Between 2020 and 2030, this number is forecast to rise again by 32%.
 - The number of people aged over 85 is expected to increase by 20.7% by 2020/21 and 43.8% by 2025/26. These people are likely to have increasingly complex, long term conditions. There is an anticipated increase of 6,280 based on the 2014 baseline from 31,400 to 37,680 in 2020 that are currently, and forecast, to be living with a long term condition.
 - Half of over-65s live alone and over 60% of adult social care users want more social contact
 - 24% of people over 65 in NW London live in poverty, and this is expected to increase by 40% by 2030
 - 11,688 of our over-65 population have dementia, and the numbers are increasing
 - People aged over 65 form 15% of the population, but between April 2014 and September 2016, 46% of admissions and 68% of hospital bed days were attributed to people over 65. This disproportionate use of hospital capacity is even more marked for over 85s who, despite being only 2% of the population, used almost a quarter of the bed days in NW London in the last two and a half years.
- 1 in 5 children have conduct disorder
 - 10-28% of children are living in households with no adults in employment
 - 1.5% of children under 5 have tooth decay, compared to 0.9% nationally
 - Mental health needs are prevalent in children and young people with 3 in 4 of lifetime mental health disorders starting before the age of 18
 - Eating disorders account for nearly a quarter of all psychiatric child and adolescent inpatient admissions –with the longest stay of any psychiatric disorder, averaging 18 weeks

Disability (including long term limiting illness and mental illness)

- There are 338,000 people living in NW London with one or more long term condition, and a further 121,680 mostly healthy adults are at risk of developing a long term condition before 2030

- 1,500 people under 75 die each year from cancer, heart diseases and respiratory illness. If we were to reach the national average, we would save 200 people a year
- 21% of the population is classed as having complex health needs.
- 300,000 people, nearly one in six of all ages, have one of the following five long-term conditions: diabetes, asthma, coronary heart disease (CHD), chronic obstructive pulmonary disease (COPD), and congestive heart failure.
 - There are 20,000 patients diagnosed with COPD in NW London, but evidence suggests that this could be up to 55,000 due to the potential for under-diagnosis
 - 512 strokes per year could be avoided by detecting and diagnosing atrial fibrillation and providing effective anti-coagulation to prevent the formation of clots in the heart
 - 198,691 people have hypertension which is diagnosed and controlled. This is around 40% of the estimated total number of people with hypertension in NW London, but ranges from 29.1% in Westminster to 45.4% in Harrow.
- People with serious long-term mental health needs live 20 years less than those without. The number of people in this group in NW London is double the national average.
 - Around 23,000 people in NW London have been diagnosed with schizophrenia, bipolar and/or psychosis, which is double the national average
 - The population with mental illness have 3.2 times more A&E attendances, 4.9 times emergency admissions
 - There is a strong correlation between long term conditions and mental health problems. 317,000 people have a common mental illness, with 46% of these estimated to have a long term condition.
 - People with mental ill health use more emergency hospital care than those without, with 3.2 times more A&E attendances and 4.9 times emergency admissions.
 - 25% of people with depression and anxiety never access treatment

Gender reassignment

Data on gender re-assignment is not available at a NW London level, but a Home Office funded study for the Gender Identity Research and Education Society, estimated there were 300,000 – 500,000 transgender people in the UK². The study quotes from a 2007 report which estimates that 20 people per 100,000 of the UK population had sought medical care for gender variance – this would equate to around 400 people in NW London.

Pregnancy & Maternity

- In 2016 there were 30,000 births in NW London
- ONS data from 2015 suggests around 1.5%-7.7% of mothers in North West London smoke in the month of delivering their baby.
- 90% of mothers in NW London initiate breast feeding (2015)

Race and Religion

- North West London is ethnically very diverse with demographics varying across and within boroughs. Brent's Black and Minority Ethnic (BAME) residents make up 65% of the population, the figure is 30% in Kensington and Chelsea. The largest migrant populations are from India, Poland and Kenya.
- Some BAME groups (e.g. south Asians and black groups) have higher risks of major, potentially preventable, health conditions. South Asian groups have 50% higher risk of ischemic heart disease than white groups, while black groups have lower risks of heart disease than the general population. black groups have double the risk of stroke than the general population, and south Asian groups have rates 50% higher than the general population
- BAME Londoners are more likely to be unemployed, workless or low paid.

² Gender Identity Research and Education Society, The Number of Gender-Variant People in the UK, 2011

Sexual orientation

- Based on estimates for London 2.6% of the population identify themselves as lesbian, gay or bisexual, 0.3% describe themselves as 'other', a further 6.9% 'don't know' or 'refuse to say' and 2% did not respond to this question. Nearly 90% of Londoners describe themselves as straight or heterosexual.
- Syphilis is an important public health issue amongst men who have sex with men, among whom incidence has increased over the past decade.

Socio-economic groups

- A third of children under 16 live in poverty according to official definitions.
- NW London's 16-64 employment rate of 71.5% was lower than the London or England average.
- There are significant health inequalities across NWL and within boroughs, in terms of life expectancy and years of life lived with poor health. In one borough, men experience a 16 year difference in life expectancy between most and least deprived.
- The gap in life expectancy between the most and least deprived 10% of the population is 11.3 years for men and 7.9 for women
- People in the poorest fifth of incomes have are far more likely to have mental health problems than those in the richest fifth
- Death rates for cancer and heart disease are about twice as high for people from manual rather than non-manual backgrounds.

Section 4: Consultation, engagement and contribution

Between April and July 2016, in order to shape the direction of the STP we:

- Hosted two co-production workshops with lay partners, Healthwatch and providers
- Hosted two workshops with communications leads to help develop the engagement strategy and co-designed the strategy with Healthwatch chairs
- Hosted sessions with clinicians
- Ran a market stall event for core partners to showcase the range of work happening across the area
- Held 22 events across the eight boroughs. In Brent around 100 people discussed emerging priorities in table discussions, whilst in Hillingdon, over 100 more people attended an STP focused workshop
- Attended Health and Wellbeing Boards and CCG Governing Body meetings.

The feedback we received was addressed and incorporated into the STP submitted to NHS England in July 2016.

From July to October we organised a programme of 'town hall' style meetings and other face to face events across the eight boroughs, working closely with Healthwatch and other patient groups and residents' associations. The events were a mixture of presentation, question and answer sessions and table workshops to allow as many attendees as possible to participate. The events were led a senior clinician and a senior councillor from the borough.

We contacted over 500 groups (e.g. faith groups, community organisations and charities). We launched an online engagement tool targeting those residents who were unable to attend a public meeting; we surveyed residents and held pop up stalls in libraries, and visited community meetings. 1500 members of the public visited the online site leaving 400 comments. This activity was supported with Facebook advertising which reached more than 18,000 residents.

We ran a series of workshops with clinicians and local government officers and provided updates through internal newsletters, bulletins and updates, and online through intranets.

Feedback can be categorised into two distinct areas. First, there was a clear demand from those we most regularly engage with (for example stakeholders like Healthwatch, established patient groups and 'more informed' individuals) for greater clarity on 'technical' issues relating to the STP. These included its background, scope, legal standing, governance, timelines, implementation plans and likely impact on future funding for the NHS and local authorities. Other issues raised included requested clarity on engagement and consultation plans and how the STP related to future NHS organisational forms, such as accountable care partnerships. The second area was more about content, and related to the five STP delivery areas in the NW London draft document. All comments can be viewed [online](#)³

Going forward, where specific programmes or projects require consultations, as set out under section 14Z2 of the NHS Act 2006, we will carry those out.

³ www.healthiernorthwestlondon.nhs.uk/sites/nhsnwondon/files/documents/nwl_stp_october_submission_appendices_v01.pdf

Section 5: Equality screening for the NWL STP

Delivery Plan 1: Improving health and wellbeing, prevention and addressing the wider determinants of health

The plan focuses on supporting people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves. It prioritises children's mental and physical health; aims to reduce social isolation and reduce inequalities in the outcomes of the three top killers: cancer, heart disease and respiratory illness. Establishing a People's Health and Wellbeing Charter, co-designed with patient and community representatives will focus attention on protected groups.

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
Age	High	Positive	<ul style="list-style-type: none"> • Promoting prevention and improving wellbeing will help people of all ages • Older people in general experience greater health problems than the rest of the population and are more likely to develop long-term conditions which can be alleviated by changes in lifestyle • Older people in particular suffer from social isolation that this delivery plan addresses • There is a higher incidence of the top killers (cancer, heart disease and respiratory illness) in older people • Reducing the number of socially isolated people will be particularly advantageous to older groups • Implementing a programme for overweight children will be beneficial as will increasing immunisation rates, and the introduction of a pilot to prevent conduct disorder. • The <i>Future in Mind</i> strategy particularly targets children in schools • The Healthy Workplace Charter is less likely to benefit older and younger people (as they are less likely to be in work) 	<ul style="list-style-type: none"> • Delivery of the plan will advance equality • The potential reduction in equality from the introduction of the Healthy Workplace Charter is more than counterbalanced by other schemes.
Disability	High	Positive	<ul style="list-style-type: none"> • Promoting prevention and improving wellbeing will help disabled people • Disabled people in general experience greater health problems than the rest of the population and are more likely to develop long-term conditions which can be alleviated by changes in lifestyle • The new Work and Health programme will provide 	<ul style="list-style-type: none"> • Delivery of the plan will advance equality • The potential reduction in equality from the introduction of the Healthy Workplace Charter is more than counterbalanced by other schemes

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
			<p>effective employment support for people with learning disabilities and people with mental health problems</p> <ul style="list-style-type: none"> • The <i>Like Minded</i> programme will support people with mental health problems • Targeting smoking cessation activities at people with mental health illness will reduce the equality gap for this group of people • Implementing annual health checks for people with learning disabilities will reduce the equalities gap • The Healthy Workplace Charter is less likely to benefit older and younger people (as they are less likely to be in work) 	
Gender reassignment	Medium	Positive	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Marriage and civil partnership	Medium	Positive	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Pregnancy and maternity	Medium	Positive	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Race	High	Positive	<ul style="list-style-type: none"> • Some ethnic groups tend to have poorer general health outcomes and higher rates of illness than others. • Promoting prevention and improving wellbeing will help people of all races. • For those who do not speak fluent English, who are accustomed to accessing services they need in a familiar location and way, they may experience some difficulties. 	<ul style="list-style-type: none"> • Delivery of the plan will advance equality • Ensure prevention programmes are relevant and targeted to local black and minority ethnic group communities. • Need to build on existing good practice working with local community groups and interpreters where necessary and seek to recruit a workforce that reflects the community.
Religion or belief	Medium	Positive	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Sex	Medium/high	Positive	<ul style="list-style-type: none"> • Initiatives that prevent suicide and encourage better self-care/seeking early advice etc. are more likely to benefit men. 	Check details of plan when developed to ensure it will advance equality

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
			<ul style="list-style-type: none"> Widespread availability of long acting reversible contraception in GP services, maternity and abortion services and early services for early pregnancy loss will benefit women. 	
Sexual orientation	Medium/high	Positive	Initiatives that prevent suicides will have a greater positive effect on the lesbian, gay, bisexual and trans (LGBT) community.	Monitor to ensure there are no unintended consequences
Socio-economic and other vulnerable groups	High	Positive	<ul style="list-style-type: none"> People in lower socio-economic groups, homeless people and people unregistered with a GP are more likely to be benefit from prevention activities, however it is likely that they will not be able to afford to live healthily as easily as those with higher incomes and they may not be included in activities unless efforts are made to particularly target them in initiatives. Providing supported housing for vulnerable people at risk of homelessness will reduce the equality gap The Healthy Workplace Charter is less likely to benefit older and younger people (as they are less likely to be in work) 	<ul style="list-style-type: none"> Delivery of the plan will advance equality Ensure prevention programmes are relevant and targeted to people in lower socio-economic groups. Encourage local uptake of national screening programmes through hospitals so that homeless people and those not registered with GPs can access services. Consider those groups who are unable to, or don't access GP services (homeless people/those not registered) The potential reduction in equality from the introduction of the Healthy Workplace Charter is more than counterbalanced by other schemes

Delivery Plan 2: Preventing the escalation of illnesses through better management of long term conditions

Prioritises reducing the variation in the management of long term conditions such as diabetes, cardio-vascular disease and respiratory disease; and ensures people access the right care in the right place at the right time. Plans focus on delivering the Strategic Commissioning Framework and Five Year Forward View for primary care; increasing early diagnosis and treatment of cancer; better outcomes and support for people with common mental health needs; reducing variation by focusing on Right Care priority areas; and improving self-management and 'patient activation'.

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
Age	High	Positive	<ul style="list-style-type: none"> Older people tend to need to have more long term conditions (LTCs) than the rest of the population, so integrated care, patient activation etc in this delivery plan will reduce inequality. Older people are less likely to take advantage of new communication methods e.g. digital technology Older people tend to rely more on public transport, so enabling these groups to receive more care in their local community will make access to health services easier for them and their carers. 	<ul style="list-style-type: none"> New access routes to primary care need to be in conjunction with existing access, not a replacement, in order to preserve choice until it is clear that traditional services are no longer needed. Delivery of the plan will advance equality. Develop transport solutions in partnership with TfL. Use of Right Care commissioning which uses data and evidence to reduce unwarranted variations in services and health will reduce the equality gap.
Disability	High	Positive	<ul style="list-style-type: none"> Promoting prevention and improving wellbeing will help people of all disabilities. Online services are likely to be beneficial to some people with physical/mobility difficulties Cross-device services e.g. on apps could enable services to be better presented to people with learning disabilities There is a link between mental health and long term conditions. A focus on improving both management of LTCs and mental health will tend to close the equality gap Increasing availability of, and access to, personal health budgets will tend to close the equality gap. 	<ul style="list-style-type: none"> New access routes to primary care need to be in conjunction with existing access, not a replacement; in order to preserve choice until it is clear that traditional services are no longer needed. Delivery of the plan should sufficiently advance equality. Develop transport solutions in partnership with e.g. TfL, to ensure there is adequate transport to enable people to easily receive care close to home. Use of Right Care commissioning which uses data and evidence to reduce unwarranted variations in services and health will reduce the equality gap.
Gender reassignment	Low	None/minimal	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
Marriage and civil partnership	Low	None/minimal	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Pregnancy and maternity	Low	None/minimal	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Race	High	Positive	<ul style="list-style-type: none"> Promoting prevention and improving wellbeing will help people of all races. Some ethnic groups tend to have poorer general health outcomes than others and higher rates of long term conditions (e.g. diabetes) so these proposals will have the potential to have greater positive effect. For those who do not speak fluent English, who are accustomed to accessing services they need in a familiar location and way, they may experience some difficulties. 	<ul style="list-style-type: none"> New access routes to primary care need to be in conjunction with existing access, not a replacement; in order to preserve choice until it is clear that traditional services are no longer needed. Delivery of the plan should sufficiently advance equality. Develop transport solutions in partnership with TfL. Use of Right Care commissioning which uses data and evidence to reduce unwarranted variations in services and health will reduce the equality gap. Ensure prevention programmes are relevant and particularly targeted to local black and ethnic group communities. Need to build on existing good practice working with local community groups and interpreters where necessary and seek to recruit a workforce that reflects the community.
Religion or belief	Low	None/minimal	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Sex	Low	None/minimal	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Sexual orientation	Low	None/minimal	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
Socio-economic and other vulnerable groups	High	Positive	<ul style="list-style-type: none"> • People in lower socio-economic groups tend to need to have more long term conditions than the rest of the population, so integrated care, patient activation etc in this delivery plan will reduce inequality. • Some lower socio-economic groups (e.g. homeless people) will have less opportunity to take advantage of new communication methods e.g. digital technology and not be able to use public transport. • Lower socio-economic groups tend to rely more on public transport, so enabling these groups to receive more care in their local community will make access to health services easier for them and their carers. 	<ul style="list-style-type: none"> • New access routes to primary care need to be in conjunction with existing access, not a replacement; in order to preserve choice until it is clear that traditional services are no longer needed. • Delivery of the plan should advance equality. • Develop transport solutions in partnership with e.g. TfL, to ensure there is adequate transport to enable people to easily receive care close to home. • Use of Right Care commissioning which uses data and evidence to reduce unwarranted variations in services and health will reduce the equality gap.

Delivery Plan 3: A better model of care for older people, keeping them out of hospital where appropriate and enabling them to die in the place of their choice

Delivery Plan 3 aims to improve the overall quality of care for people in their last phase of life and enable them to die in their place of choice. We plan to do this by improving market management of care and taking a whole systems approach to commissioning; implementing accountable care partnerships; upgrading rapid response and intermediate care services; creating an integrated and consistent transfer of care approach across NW London; and improving care in the last phase of life.

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
Age	High	Positive	<ul style="list-style-type: none"> • Older people are the main focus of this delivery plan • Improved management of local services, including ensuring a sustainable nursing and care home sector will benefit older people • Joint commissioning, between health and local government, of the entirety of older people's out of hospital care should result in better care for older people • People of all ages will benefit from high quality local acute services, improved referral times, reduced avoidable admissions etc, but older people are high users of these services • Improved transfer of care processes will benefit older people • It is possible that some older people will be discharged from hospital without the necessary support at home • Advanced care plans and improvements in end of life care (e.g. more people enabled to die at home) will benefit older people. 	<ul style="list-style-type: none"> • Delivery of the plan will advance equality • Ensure strong links between health and social care services. • Ensure that safeguards are in place to ensure appropriate services for people who wish to die at home
Disability	High	Positive	<ul style="list-style-type: none"> • Disabled people tend to be high users of these services, so improvements will tend to impact more on this group • Improved management of local services, including ensuring a sustainable nursing and care home sector will benefit disabled people • Joint commissioning, between health and local government, of the entirety of older people's out of hospital care should result in better care for some disabled people • Disabled people will benefit from high quality local acute services, improved referral times, reduced avoidable admissions etc • Improved transfer of care processes will benefit disabled 	<ul style="list-style-type: none"> • Delivery of the plan will advance equality • Ensure strong links between health and social care services.

			<p>people</p> <ul style="list-style-type: none"> • It is possible that some disabled people will be discharged from hospital without the necessary support at home. 	
Gender reassignment	Low	Neutral/positive	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Marriage and civil partnership	Low	Neutral/positive	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Pregnancy and maternity	Low	Neutral/positive	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Race	Low	Neutral/positive	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Religion or belief	Low	Neutral/positive	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Sex	Low	Neutral/positive	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Sexual orientation	Low	Neutral/positive	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Socio-economic and other vulnerable groups	Low	Neutral/positive	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences

Delivery Plan 4: Improving outcomes for children and adults with mental health needs

Delivery Plan 4 aims to reduce the gap in life expectancy between adults with serious and long term mental health needs and the rest of the population. We will implement a new model of care for people with serious and long term mental health needs, to improve physical and mental health and increase life expectancy. We will focus interventions on target populations and provide crisis support services, including delivering the 'Crisis Care Concordat'. We also aim to implement 'Future in Mind' to improve children's mental health and wellbeing.

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
Age	Medium/High	Positive	<ul style="list-style-type: none"> Older and younger people are more at risk of mental health problems More support in primary care, increased training in mental health care, greater support and coordination between different support organisations will reduce the equality gap Aim to support 2,600 more children through the <i>Future in Mind</i> programme Provision of community eating disorder service There is a risk in moving people out of institutions into the community 	<ul style="list-style-type: none"> The proposed actions are likely to reduce the equality gap Ensure strong links between health and social care services Ensure travel issues are considered when moving the location of care
Disability	High	Positive	<ul style="list-style-type: none"> This group is the key group targeted by the proposed interventions and care in delivery plan 4 Tailored support for specific populations with high needs – people with learning disabilities/Autism, those with dual diagnosis Crisis support New model of care 	<ul style="list-style-type: none"> Delivery of the plan will advance equality Ensure travel issues are considered when moving the location of care
Gender reassignment	High	Unknown	Unknown	More information required to determine the effect
Marriage and civil partnership	Low	Positive	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Pregnancy and maternity	Medium	Positive	Increased provision of specialist perinatal treatment	Delivery of the plan will advance equality
Race	High	Positive	<ul style="list-style-type: none"> Due to the increased incidence of mental health problems in some ethnic groups, improving mental 	<ul style="list-style-type: none"> Delivery of the plan will advance equality Need to build on existing good practice

			<p>health services will have a beneficial effect on this group.</p> <ul style="list-style-type: none"> For those who do not speak fluent English, who are accustomed to accessing services they need (emergency and local) in a familiar location, they may experience some difficulties. 	<p>working with local community groups and interpreters where necessary.</p>
Religion or belief	Low	Positive	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Sex	Medium	Positive	Initiatives that prevent suicide and encourage better self-care/seeking early advice etc are more likely to benefit men	<ul style="list-style-type: none"> Delivery of the plan will advance equality
Sexual orientation	High	Positive	Initiatives that prevent suicides will have a greater positive effect on the lesbian, gay, bisexual and trans (LGBT) community.	<ul style="list-style-type: none"> Delivery of the plan will advance equality
Socio-economic and other vulnerable groups	High	Positive	<ul style="list-style-type: none"> Those in poverty, out of work or homeless are particularly vulnerable to mental health conditions, so these initiatives will reduce the equality gap Targeted employment services and support through the <i>Work and Health Programme</i> will support people with mental health problems having difficulty in finding work 	<ul style="list-style-type: none"> Delivery of the plan will advance equality Ensure all programmes of work are positively offered to this group (or they may not benefit)

Delivery Plan 5: Ensuring safe, high quality, sustainable acute services

This plan aims to improve the consistency in patient outcomes and experience, regardless of the day of the week that services are accessed. We plan to use specialised commissioning to improve pathways from primary care and support the consolidation of specialised services; deliver the seven day services standards; support reconfiguration of acute services; and deliver the NW London Productivity Programme.

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
Age	High	Positive	<ul style="list-style-type: none"> • People of all ages will benefit from high quality local acute services, improved assessments by a consultant, easy access to diagnosis etc, but older people will benefit differentially as they are high users of hospital services • New frailty services will benefit older people • Some older people could be discharged from hospital without the necessary support at home. • The introduction of Paediatric Assessment Units and recruitment of c72 paediatric nurses will improve care for children • Consolidation of some orthopaedic services focused on improving quality will differentially advantage older people 	<ul style="list-style-type: none"> • Ensure achievement of clinical standard to transfer to community, primary and social care • Need to consider transport issues in any consolidation of services • Delivery of the plan will advance equality
Disability	High	Positive	The delivery plan aims to achieve the clinical standard on mental health services	<ul style="list-style-type: none"> • Ensure achievement of clinical standard to transfer to community, primary and social care • Need to consider transport issues in any consolidation of services • Delivery of the plan will advance equality
Gender reassignment	Medium/Low	Positive/None	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Marriage and civil partnership	Medium/Low	Positive/None	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Pregnancy and maternity	High	Positive	Delivery of the maternity vision set out in Better Births will improve care.	Need to ensure women giving birth at hospitals or in environments which are unfamiliar can familiarise themselves with the birthing environment

Race	Medium	Positive	For those who do not speak fluent English, who are accustomed to accessing services they need (emergency and local) in a familiar location, they may experience some difficulties.	<ul style="list-style-type: none"> • Need to consider transport issues in any consolidation of services • Need to build on existing good practice working with local community groups and interpreters where necessary.
Religion or belief	Low	Positive	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Sex	Low	Positive	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Sexual orientation	Low	Positive	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences
Socio-economic and other vulnerable groups	Low	Positive	Likely to be affected the same as the rest of the population	Monitor to ensure there are no unintended consequences

Section 6: Governance

The NW London STP is separated into five delivery areas and 22 workstreams. Projects undertaken within the 22 workstreams will be subject to appropriate equality impact assessments (EIAs) as they progress whenever the screening suggests this is necessary. Some projects will have already had EIAs conducted that may need review. This will be the case for some ongoing borough level projects and those that were consulted on as part of Shaping a Healthier Future.

Necessary EIAs will be conducted at :

- Borough level – one CCG
- Area level – two or more boroughs and CCGs working together
- North West London (NWL) level – assessment most appropriately carried out across all eight CCGs.
- London-wide level

Section 7: Conclusions

The scale and scope of the STP programme means that there are potentially many equalities impacts, relevant to all groups sharing protected characteristics, and people living in deprivation. The STP programme will need to ensure that these are considered in a proportionate and timely manner to inform service design.

This screening indicates that most equality groups and people living in deprivation will benefit from the STP proposals and the focus of the STP is likely to close the equality gap in most areas. There is a possibility that some groups will not benefit from changes unless positive action is taken to target them (e.g. homeless people and people not registered with a GP may not benefit from GP improvements without new ideas of how they will be encouraged to attend a GP practice).

The overarching framework proposed by the NWL STP programme will have a positive effect on the residents of North West London. Some initiatives should continue as planned, others need to consider and implement mitigations as they proceed, and others require more work to understand the implications and their likely effect on equality groups.

It is particularly important that the STP programme ensures representatives of equality groups are engaged in planning and decision-making. The programme will need to consider how to engage with:

- groups and communities most affected by the proposals
- people who are not in touch with patient representatives and community groups or organisations but who will nevertheless be impacted by potential changes to services

This equality screening will be used to identify where more work needs to take place and where resources need to be targeted to ensure all protected groups gain maximum benefit from the improvements.

Actions	Lead(s)	Timescale
1. Identify NWL-wide initiatives requiring a full equality analysis	STP Senior Responsible Officer (SRO)	End of Jun 2017
2. Officers responsible for equality analysis to be identified for each NWL-wide equality analysis	STP Executive Lead	End of Jun 2017

<p>3. Consider how to incorporate equality analysis and monitoring into the STP programme and service specifications e.g. whether there is a need to monitor borough-based equality analysis; how dependencies across workstreams are managed; whether staff training is required to support them meet the needs of equality groups</p>	<p>STP SRO</p>	<p>Jun 2017 onwards</p>
<p>4. Carry out any equality analyses necessary for each NWL-wide initiative including:</p> <ul style="list-style-type: none"> • working with Directors of Public Health to undertake further population needs analysis when the RightCare STP level analysis becomes available • taking account of equality analyses already undertaken on local transformation programmes 	<p>Equality analyses leads</p>	<p>Jun 2017 onwards</p>
<p>5. Work with CCGs and councils to embed engagement with the equality groups and communities most affected by the proposals</p>	<p>STP Director of Comms</p>	<p>Jun 2017 onwards</p>

ENDS